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THE INTERMEDIATE BURDEN OF DIABETES MELLITUS IN PATIENTS WITH CARDIOVASCULAR DISEASE (CVD): A QUALITY ADJUSTED LIFE YEAR (QALY) -ANALYSIS BASED ON PRIMARY LONGITUDINAL DATA

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OBJECTIVES: While the independent influence of metabolic and cardiovascular diseases on either quality of life (QoL) or survival is well studied, the evidence on the combined burden in terms of quality adjusted life years (QALYs) is rather weak. Previous burden of disease studies mostly combined cross-sectional QoL data with mortality statistics from other data sources. However, due to strong model assumptions these studies might be limited in validity and accuracy. The goal of this study was to analyze the intermediate burden of diabetes in patients with previous myocardial infarction in terms of QALYs lost, by introducing a method capable to exploit primary longitudinal data sources of population-based studies. **METHODS:** Data for this analysis were taken from the KORA-Acute Myocardial Infarction (AMI) Registry. QoL (Euro-Qol-5D-index, German tariff) of a subset of patients known to be alive was assessed through postal surveys in 2006 (n=1022) and subsequently in 2011 (n=716). Mortality was tracked by the routine surveillance system of the AMI Registry. QALYs gained were calculated assuming a linear QoL change from baseline to follow-up. QoL trajectories of non-responders at follow-up and patients who died before follow-up were approximated by multiple imputation methods using the baseline QoL and covariate structure. Ordinary least square regression models were performed to quantify the QALYs and life years (LYs) lost over the mean observation time. **RESULTS:** Over a mean observation time of 4 years, patients with diabetes lost 0.14 LYs (3.75 vs. 3.89, p<0.01) and 0.36 QALYs (2.96 vs. 3.33, p<0.01) more than patients without diabetes. The QALY-gap was greatest for diabetic patients taking insulin (-0.66, p<0.01). Sensitivity analyses showed that models were robust concerning model assumptions. **CONCLUSIONS:** The intermediate burden of diabetes for patients with CVD is substantial. Using individual-level data from population-based follow-up of studies is a valuable methodological extension to accurately quantify the burden of chronic conditions.

PCV123

SENSITIVITY OF THE SAFUCA QUESTIONNAIRE TO DETECT DIFFERENCES BETWEEN ATRIAL FIBRILLATION PATIENTS TREATED WITH VITAMIN-K ANTAGONIST AGAINST THOSE TREATED WITH NEW ORAL ANTICOAGULANTS

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OBJECTIVES: A secondary analysis was carried out to test if differences existed in reported treatment satisfaction between non-valvular atrial fibrillation patients (NVAF) treated with vitamin K antagonist (VKA) anticoagulants and new oral anticoagulants (NOAC). **METHODS:** A sample of 1318 patients was recruited at random in the FANTASIIA study, between June 2013 and March 2014, from which 77% were using VKA and 23% NOAC at least 6 months before inclusion. The specific treatment satisfaction instrument SAFUCA was used to test differences between groups. The SAFUCA questionnaire is composed by 7 dimensions and overall score, measured in a 0 (least satisfied), 100 (most satisfied) scale. Guyatt's d was used to estimate effect size. **RESULTS:** Mean age was 73.8 (SD=9.4) years, and 42.5% were women. Patients using NOACs attained statistically significant higher values in the overall score and in all SAFUCA dimensions. Overall score effect size (NOAC vs VKA) was medium-small (79.91 vs 73.22, d=0.43, p<0.001). Small to large effect sizes were also found by dimension: Effectiveness (77.63 vs 72.70, d=0.33, p<0.01), Ease and Convenience (80.99 vs 73.72, d=0.49, p<0.001), INR Controls (62.35 vs 57.66, d=0.32, p<0.01), Impact on Daily Activities (90.08 vs 81.97, d=0.55, p<0.001), Medication Undesired Effects (86.20 vs 79.21, d=0.47, p<0.001), Satisfaction with Medical Care (80.30 vs 69.38, d=0.74, p<0.001), and Overall Satisfaction (80.30 vs 69.38, d=0.74, p<0.001). **CONCLUSIONS:** SAFUCA questionnaire was able to detect satisfaction differences between NVAF patients treated with NOAC and those treated with VKA, presenting medium effect size in most dimensions. This new evidences offer additional support to the questionnaire validity.

PCV124

UNMET NEEDS AND SOLUTIONS FOR HEART FAILURE ADMISSION

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OBJECTIVES: Unplanned patient admissions to hospital with heart failure (HF) are on the increase due to an ageing population and increasing survival post coronary disease. Pre-discharge mortality is high, predictable and often occurs after many days stay for many patients and often without palliative care involvement, not aligned with guidance. **METHODS:** We audited palliative care input to HF patients admitted to our hospital as the predominant condition and subsequently passing away, both before and after an awareness campaign, publishing barriers to end of life dialogues between patient and clinicians, demonstrating the early use of a Get With The Guidelines (GWTG) risk assessment tool to predict mortality and introduction of a daily HF nursing team service. **RESULTS:** In 2009, amongst 57 HF patients the average time to death was 17.8 days, only 7% received any palliative input before death. The time to death in these patients correlated positively with the (GWTG) predictive score indicating that these deaths could have been anticipated and appropriate palliative involvement triggered. Data from 2010 to 2013 following these interventions (n=99) showed a marked improvement with 44% of patients having palliative input before death. The average time to death in this group was comparable at 17.22 days. **CONCLUSIONS:** The care of HF patients and their families can be greatly improved with early mortality prediction, sensitive dialogues, routine involvement of HF teams both to enhance survival for patients who will benefit from aggressive therapies such as complex devices or ultrafiltration, as well as enabling an enriched end of life experience for those beyond such therapies. Enabling end stage patients to die in their location of choice would also release considerable resources at the same time.

PCV125

CLINICAL PSYCHOLOGISTS: CLOSING THE COMMUNICATION GAP BETWEEN PHYSICIANS AND PATIENTS, LEADING TO HIGHER PATIENT SATISFACTION AND COMPLIANCE

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OBJECTIVES: We wanted to compare the patient satisfaction and compliance between a hospital with a trained clinical psychologist, acting as a mediator between physicians and patients and a hospital without one. **METHODS:** The comparison was done between two identical cardiac hospitals, which belong to the same network of cardiac facilities, for a period of six months. At each hospital, 200 patients were included. The patient characteristics, numbers and patient flow were comparable; the facilities were identical as level of comfort and staff training. To measure the patient satisfaction we used a questionnaire. The level of attendance of control visits after discharge we measured with the hospital registry. How many of the 200 patients stick to the discharge therapy after 3 and after 6 months after discharge, we measured with the out-patient centre registry and by telephone interviews. **RESULTS:** In each hospital 200 patients were included and followed-up. For the hospital without clinical psychologist, patient satisfaction was 79% excellent marks (n=158), control visits attendance was 42% (n=84), patient compliance was 72% (n=144) on the 3rd and 65% (n=130) on the 6th month after discharge. For the hospital with a clinical psychologist, patient satisfaction was 97% excellent marks (n=194), control visits attendance was 78% (n=156), patient compliance was 96% (n=192) on the 3rd and 89% (n=178) on the 6th month after discharge. With the help of a trained clinical psychologist, we witnessed the following differences: 18% improvement in patient satisfaction, 36% better attendance to control visits, 24% more compliant patients for both the 3rd and 6th month after discharge. **CONCLUSIONS:** Trained clinical psychologists may play the role of a mediator and close the communication gap between physicians and patients and lead to improved patient satisfaction and compliance.

PCV126

EVALUATING THE GAP BETWEEN PHYSICIANS' AND PATIENTS' UNDERSTANDING OF PATIENT NEEDS

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OBJECTIVES: We wanted to establish the gap between physicians' and patients' understanding of patient needs in a hospital setting. **METHODS:** The study was run in the four of the Bulgarian Cardiac Institute clinics. We used questionnaires and within a period of two months, first we asked 30 physicians and 50 patients about what patient needs are according to their understanding. Based on the answers we defined 10 categories for each of the two groups. Then we asked 143 physicians and 500 patients to define which category is most and least important for them by using the Maximum Difference Scaling technique. **RESULTS:** Courtesy, after discharge recommendations and information about the discharge drugs were the top three most important patient needs according to the patients. Life-saving activities, improvement of quality of life and improve the longevity were the top three most important patient needs according to the physicians. **CONCLUSIONS:** There is a tremendous gap between patients' and physicians' perceptions of patient needs. It is very hard for the hospitals to increase patient satisfaction relying on medical services only. Further research is needed to find ways to close that gap.

PCV127

BELIEFS ABOUT MEDICINES IN AN URBAN BLACK HYPERTENSION POPULATION

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OBJECTIVES: Given ethnic variation in attitudes toward hypertension (Ford 2010; Lewis 2010), study objectives are to determine 1) patient preferences concerning medication use as revealed by responses to Beliefs about Medicines Questionnaire (BMQ, Horne 1999) in an urban black population with hypertension (HTN) and 2) if these preferences were influenced by experiences with parents/friends HTN diagnoses. **METHODS:** After approval from Northeastern University's Institutional Review Board, coded clinic appointment schedules were used to identify patients scheduled for routine HTN follow-up appointment at a Boston inner-city community health center. Researchers screened for eligibility (English speaking, black ethnicity, taking anti-hypertensive medication), described the study, and requested informed consent. Patients agreeing to participate and completing background questions and the hypertension-specific Beliefs about Medicines questionnaire (BMQ: 18 items, 5 levels, strongly agree-strongly disagree) received a $10 CVS-provided gift card. **RESULTS:** 189 patients were approached. 94 (49.7%) completed the questionnaire, 11.6% declined, and 38.6% didn't meet criteria, e.g., didn't speak English or had previously completed the BMQ. Patients averaged 55.6yo, 67% female. Overall BMQ factor scores were: Specific Necessity (SN), 3.41 ±0.83; Specific Concerns (SC), 2.82 ±0.8; General Overuse (GO), 2.98 ±0.74 and General Harm (GH), 2.54 ±0.72. Patients whose parent had a stroke had higher SN (p=0.038) and lower GH scores (p=0.042) than patients without that prior experience. There was no difference in any factors as to whether parents or a friend did/didn't have hypertension and whether a friend did/didn't have a stroke. SC were lower in patients with higher educational level (p=0.002). No statistical associations occurred between